

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 786 289

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1		1	
2					
3	1	1		1	
4					
5	1	1		1	
6	1	1		1	
7		1		1	
8	1	1		1	
9					
10	1	1		1	
11					
12	1	1		1	
13	1	1		1	
14	1	1		1	
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48					
49					
50					
TOTAL IND.	2	3	2		
TOTAL DEP.	12	8	8		
TOTAL CLAIMS	14		10		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY